

## Private Security Guard License Application



FOR VALIDATION ONLY

001-070-299-0010

- ☐ **New Unarmed Applicant – \$82**
- ☐ **Armed Endorsement – \$10**  
If you have not had an FBI background check within the last year the fee is **\$30**
- ☐ **Transfer/Rehire – \$20** – Transfer is for: ☐ Unarmed ☐ Armed
- ☐ **Dual Licensure – \$82**
- ☐ **Unarmed Renewal** if originally licensed in 2005 – **\$70**
- ☐ **Unarmed Renewal** if originally licensed prior to 2005 – **\$100**
- ☐ **Late Unarmed Renewal – \$120**
- ☐ **Armed Renewal – \$40**
- ☐ **Late Armed Renewal – \$45**
- ☐ **Certified Trainer Endorsement Renewal – \$15**  
In addition to the renewal fee

Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

### Applicant Information

Please type or print clearly in dark ink

Last Name	First Name	Middle Name	Date of Birth / /
Applicant's Residence Address (Street)			
City	State	Zip	Home Telephone No. ( )
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	Social Sec. No. (required -RCW26.23.150)		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Have you been a licensed security guard in the state of Washington within the last two years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, License Number _____ Expiration Date ____/____/____			

### Business Information

Business Name	Company License No.	Company License Expiration Date
Business Address (street address as it appears on the license)		
City	State	Zip
Business Telephone No. ( )	Fax No. ( )	

### Certification of Preassignment Training/Testing – New Applicants Only

Temporary Card No.	Date Issued	Expires On (60 days)
<p>This is to certify that _____ has successfully  <i>Applicant's name</i>          completed the preassignment training and testing requirements as outlined in WAC 308-18-300. Incorrectly answered questions were reviewed with the applicant and the test results have been verified and signed by me.</p> <p><b>X</b> _____  <i>SIGNATURE OF CERTIFIED TRAINER</i></p> <p>Date ____/____/____ <i>CERTIFIED TRAINER LICENCE NUMBER</i> _____ <i>PRINTED NAME OF CERTIFIED TRAINER</i> _____  <i>CERTIFIED TRAINER EXPIRATION DATE</i> ____/____/____</p>		

## Applicant Personal Data – answer all questions below.

1. Have you **ever** been convicted of a crime, including juvenile convictions? ☐ Yes ☐ No  
Do not include traffic convictions for driving under the influence, driving while suspended, or reckless driving.
- If you answered **Yes**, list the conviction(s) below and submit a **copy of the court record**.
  - If you don't provide the requested information, including the court records, your application may be denied.
  - If you don't disclose a conviction, your application may be denied for misrepresentation. If you are not sure of your record, please do the research before you apply. Application fees are non-refundable.

WHAT WERE YOU ARRESTED FOR?	DATE	CITY AND STATE	NAME OF COURT	OUTCOME OR CONVICTION CLASSIFICATION
1.				
2.				
3.				

For additional convictions, please use a separate sheet of paper and follow the same instructions above.

2. Have you been licensed as a security guard in any jurisdiction? If yes, in what jurisdiction? (*Please insert name of state, \_\_\_\_\_ and date \_\_\_\_\_*). ☐ Yes ☐ No  
Check your Washington State License status at: <https://fortress.wa.gov/dol/dolprod/profquery/>
3. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? (*Please insert name of state, \_\_\_\_\_ and date \_\_\_\_\_*). ☐ Yes ☐ No

As part of the application process, we conduct a background check for criminal convictions.

**Please provide one clear set of fingerprints with your application.**

## Firearms Certification Course – New Armed Applicants Only

RCW 18.170.040(c) requires armed security guards to have an initial firearms certificate issued by the Criminal Justice Training Commission (CJTC), telephone (206) 835-7314. After you have completed the firearms training, CJTC will issue a notice that you have completed the training course. Your armed license cannot be issued until we have received your firearms certificate.

## Certification – Mandatory Signature

I, \_\_\_\_\_, PRINT APPLICANT'S NAME (First, middle, last) certify that the information provided in this application and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that if I misrepresent or conceal any material fact(s) in my application for a private security guard license, it will be grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application. RCW 18.170, RCW 18.235.

**X**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**